## LIMITED PARTNERSHIP STATE OF MAINE

STATE OF MAINE			
ARTIO	CLES OF CONSOLIDATION OF		
organized under	r the laws of		
AND		Deputy Secretary of State	
organized under and others (	r the laws of	A True Copy When Attested By Signature	
organized under	r the laws of	Deputy Secretary of State	
	31 MRSA §417.2, each participating limited partnershimited partnerships, adopt the following Articles of Conso	ip approved an agreement or plan of consolidation and the lidation:	
FIRST:	The participating limited partnerships and jurisdictions:		
	Name of Limited Partnership	Jurisdiction	
	(Use additional sheets if necessary)		
SECOND:	An agreement or plan of consolidation has been approved and executed by each limited partnership that is a party the consolidation.		
THIRD:	The name of the resulting limited partnership is		
	and it is to be governed by the laws of the jurisdiction of		
FOURTH:	The information required on a certificate of limited partnership is set forth in Exhibit attached hereto and made part hereof.		
FIFTH:	Effective date of the consolidation (if other than date of filing of the Articles) is		
SIXTH:	The agreement or plan of consolidation is on file at the following address:	ne principal place of business of the resulting limited partnership	

**Filing Fee \$150.00** 

**SEVENTH:** 

A copy of the agreement or plan of consolidation will be furnished by the resulting limited partnership, on request and without cost, to any record owner of interests in a limited partnership that participated in the consolidation.

	(1) Agrees that it may be served with process in this State in a proceeding for enforcement of ar obligation of a party to the consolidation that was organized under the laws of this State, as well as for		
	(2) Appoints the Secretary of S	ew limited partnership arising from the consolidation; and state as its agent for service of process in any such proceeding. The pay of the process must be mailed by the Secretary of State:	
NINTH:	This form MUST be accompanied by Form MLPA-18 (Acceptance of Appointment as Registered Agent pursuant 31 MRSA §407.1-A) if the resulting limited partnership is a domestic limited partnership.		
Name of par	rticipating domestic limited partnership		
DATED			
General Par	tner(s)*		
	(signature)	(type or print name)	
For General	Partner(s) which are Entities		
Name of Ent	ity		
Ву	(authorized signature)	(type or print name and capacity)	
Name and ju	urisdiction of participating limited partnership		
DATED			
General Par			
	(signature)	(type or print name)	
For General	Partner(s) which are Entities		
Name of Ent	ity		
Ву	(authorized signature)	(type or print name and capacity)	
(Use addition	nal sheets if necessary)		
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If the resulting limited partnership is not organized under the laws of this State, the survivor:

**EIGHTH:** 

- (1) at least one general partner OR
- (2) any duly authorized person.

The execution of these articles constitutes an oath or affirmation under the penalties of false swearing under 17-A MRSA §453.

Please remit your payment made payable to the Secretary of State.

<sup>\*</sup>Articles **MUST** be signed by: